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## Molina Healthcare has selected VICTRELIS™ as its preferred/exclusive protease inhibitor

**Preferred Drug-**The FDA recently approved two oral Protease Inhibitors, Victrelis™ and Incivek™, for the treatment of chronic hepatitis C genotype 1 infection in combination with peginterferon alfa (Peg-Intron™ or Pegasys™) and ribavirin. Eligible members for this treatment are 18 years of age or older with compensated liver disease (including cirrhosis) that are treatment-naïve or who have previously been treated with interferon-based treatment. **Members meeting the coverage criteria for combination chronic hepatitis C treatment with a protease inhibitor will be eligible for treatment with the preferred protease inhibitor, Victrelis™.** Requests for a non-preferred protease inhibitor (Incivek™) are an EXCEPTION and require submission of clinical documentation supporting the use of the non-preferred product and as it relates to your specific patient.

**Specialty Pharmacy-**All three drugs must be dispensed through Molina Healthcare's Specialty Pharmacy, CVS Caremark. Our Pharmacy department will help coordinate member delivery upon authorization of the Prior Authorization (PA) request. For more information, including detailed clinical criteria, please call or visit Molina Healthcare at [www.molinahealthcare.com](http://www.molinahealthcare.com). If you plan to initiate the Hepatitis C triple therapy regimen for a member, please obtain a PA request form. Your request may also be faxed to the Pharmacy Department at 1-888-373-3059.

**Prior Authorization Process to Initiate Treatment-**Molina Healthcare requires PA of Hepatitis C treatment regimens to ensure the appropriate utilization, patient selection and appropriate duration of therapy. Requesting providers must submit a completed PA Form with supporting clinical documentation. Clinical documentation required at baseline includes: 1) HCV genotype, 2) quantitative viral load, 3) liver function tests and if applicable, 4) prior treatment history.

**Information Required to Continue Treatment-**Faxed documentation of HCV-RNA levels are required at certain intervals throughout therapy to determine if treatment continuation is appropriate. Quantitative viral load tests must be performed during treatment at Treatment Week (TW) 4, TW8, TW12, and TW24 for Victrelis™, and at week 4, week 12, and week 24 for Incivek™ (in rare cases where Incivek™ may be approved)

**Adverse Reactions/Monitoring-**Anemia has been reported with peginterferon alfa and ribavirin therapy. The addition of Protease Inhibitors (Victrelis™/Incivek™) to peginterferon alfa and ribavirin is associated with an additional decrease in hemoglobin concentrations. If a patient has a serious adverse reaction potentially related to peginterferon alfa and ribavirin therapy, the peginterferon alfa and/or ribavirin dose should be reduced or discontinued per the manufacturer. Victrelis™ must not be administered in the absence of peginterferon alfa and ribavirin.

**HCV therapy-associated anemia** is an off-label use for Erythropoiesis-Stimulating Agents (ESAs) and not a covered indication by Molina Healthcare. Additionally, no study to date has established that use of erythropoietin increases or improves overall sustained virologic response rates associated with HCV therapy. Therefore, dose reduction in ribavirin therapy is the preferred management of anemia secondary to Hepatitis C by Molina Healthcare.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call the Pharmacy Help Desk toll-free at 1-888-898-7969 prompt 1 then 5.